

CASE OF SARCOMA OF THE SCALP.¹

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P RIMARY SARCOMA of the scalp is of such infrequent occurrence that I trust that I may be pardoned for reporting a case recently under my care.

In the latter part of October, 1885, I was consulted by Mrs. S. æt. 25, white, resident of eastern Kentucky, who stated that fifteen years before she discovered on the back part of her head a small hard lump "of size of a bean," not painful on pressure. For thirteen years there was no noticeable change in the tumor; but at the end of that time it began to enlarge, and continued to do so steadily until the time of her confinement (five months before I saw her) when the mass was "as large as a goose egg." Since delivery its growth had been very rapid and attended with pain, at times severe. The woman was much emaciated and greatly enfeebled. The tumor, occupying the occipital region and looking much like a second head, was somewhat movable from side to side, and upon palpation pseudo-fluctuation was detected. It measured antero-posteriorly seventeen inches, laterally fifteen inches; its greatest circumference was twenty-one inches and its least circumference at the line of junction with the head, was fifteen inches. The tumor was removed on the 23rd of October, two narrow lateral flaps and a posterior one being made and the mass readily and quickly separated with the fingers from the pericranium to which it was nowhere adherent. Hæmorrhage, which was quite profuse, though from no large vessels, was easily arrested by the application of hot water. The flaps when brought together covered in the entire bared surface. Small drainage tubes were brought out at the ends of the base of the now inverted T shaped wound, iodoform dusted on and a thick layer of absorbent cotton applied. The mass removed weighed almost five pounds, and upon examination proved to be a spindle celled sarcoma.

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The drainage tubes were removed on the fourth day, and the sutures (silk) on the eighth, when union was found to have taken place. The woman left for her home on the fourteenth day.

For eighteen months (until May 1887) she continued well, but at the end of that time noticed a small tender spot and soon after a hard lump, which increased slowly for three months and then more rapidly. She was about a month advanced in pregnancy when the recurrence was observed. After her confinement (in the middle of January of this year) excessively rapid growth took place, and when I saw her on the



FIG. 1. PROF. CONNER'S CASE OF SARCOMA OF THE SCALP.

first of March, the mass measured antero-posteriorly eighteen inches—laterally seventeen and one half inches, with a greatest circumference of twenty-five inches. Its surface was of a bluish color and several large veins ramified upon it. On the third of March I removed it, making no effort to save any covering, but cutting along the line of junction with the head. The pericranium was in places included in the diseased mass, and was taken away. After the bleeding (less profuse than at the time of the first operation) had been checked, the edges of the wound and the denuded surface were cauterized with the

Paquelin button. The mass after removal weighed seven and one-half pounds, and examination showed that it was a mixed spindle-and round-celled sarcoma. Dry borated dressings were applied. At the end of the second week erysipelas of the left side of the face, extending up on to the scalp developed itself but ran a mild course. Five weeks after the operation the patient left for her home, the granulating wound being in excellent condition.

The points of special interest in this case are the years-long absence of any change in the original nodule, the marked influence of pregnancy and lactation upon the growth of the tumor both primarily and in recurrence, and lastly the immense size of the growth. The scalp is not seldom involved in sarcomata affecting the skull, but a primary tumor of such character located in it is exceedingly rare. As when situated elsewhere, in spite of removal and re-removal, the disease may be expected to recur and ultimately destroy life; but operative interference may result favorably, especially if timely. No hard, indolent lump in the scalp should be permitted to remain, even though for years in an unchanging and unchanged condition. Probably benign and to continue such, it may not be so now or in the future.